



GAR-1646 \$

Atty. Dkt. No. OVI6777-0436

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Martin BILLGER et al.

Title: PROTEIN FORMULATIONS

Appl. No.: 09/674,002

Filing Date: 12/27/2000

Examiner: Eliane M. Lazar Wesley

Art Unit: 1646

RECEIVED

JAN 15 2003

TECH CENTER 1600/2900

AMENDMENT TRANSMITTALCommissioner for Patents  
Washington, D.C. 20231

Sir:

Transmitted herewith is an amendment in the above-identified application.

- [ ] Small Entity status under 37 C.F.R. § 1.9 and § 1.27 has been established by a Small Entity statement previously submitted.
- [ ] Small Entity statement is enclosed.
- [ X ] The fee required for additional claims is calculated below:

	Claims as Amended	Previously Paid For	Extra Claims Present	Rate	Additional Claims Fee
Total Claims:	32	-	20	= 12 x \$18.00	= \$216.00
Independents:	3	-	3	= 0 x \$84.00	= \$0.00
First presentation of any Multiple Dependent Claims:			+ \$280.00	=	\$0.00
			CLAIMS FEE TOTAL:	=	\$216.00

- [ X ] Applicant hereby petitions for an extension of time under 37 C.F.R. § 1.136(a) for the total number of months checked below:

<input checked="" type="checkbox"/>	Extension for response filed within the first month:	\$110.00	\$110.00
<input type="checkbox"/>	Extension for response filed within the second month:	\$410.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the third month:	\$930.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the fourth month:	\$1,450.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the fifth month:	\$1,970.00	\$0.00
	EXTENSION FEE TOTAL:		\$110.00
	CLAIMS AND EXTENSION FEE TOTAL:		\$326.00
<input type="checkbox"/>	Small Entity Fees Apply (subtract ½ of above):		\$0.00
	TOTAL FEE:		\$326.00

- Please charge Deposit Account No. 19-0741 in the amount of \$326.00. A duplicate copy of this transmittal is enclosed.
- A check in the amount of \$326.00 is enclosed.
- The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date 10 January 2003

By S. A. Bent

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